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FACSIMILE COVER SHEET

TIME:	SENT BY:		
DATE:	November 23, 2004	NO. OF PAGES: ##	
FAX NO.:	703-872-9306		
RE:	U.S. Application No. 09/484,432 Our Ref.: 03500.014218		
FROM:	Leonard P. Diana		
TO:	Examiner A. Abdulselam U.S. Patent and Trademan		

MESSAGE

Attachments:

- 1) Amendment After Final Action (11 pgs.) and
- 2) Transmittal Letter (2 pgs.)

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03500.014218.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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:	Examiner: A. Abdulselam
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:	Group Art Unit: 2674
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Mail AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated September 23, 2004, please amend the above-referenced application as follows. The claim changes are reflected in the listing beginning at page 2, and the Remarks begin at page 4.

Thereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office at (703) 872-9306. on

November 23, 2004.

(Date of Transmission)

Leonard P. Diana (Reg. No. 29, 296)

(Name of Attorney for Applicant)

November 23, 2004

Signature

Date of Signature

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NOV 2 3 2004

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2674, Expedited Procedure

Docket No. 03500.014218.

In re Application of:

MUNEKI ANDO ET AL.

Application No.: 09/484,432

Filed: January 18, 2000

For: IMAGE DISPLAY APPARATUS

AND METHOD

Examiner: A. Abdulselam

Group Art Unit: 2674

Date: November 23, 2004

Mail AF COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 5	MINUS	** 60	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	11	MINUS	7	0	x \$44 \$88	\$0_
Fee for Multiple Dependent claims \$150/\$300					\$0	
			TOTAL ADDITION THIS AME			\$0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	*Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicants Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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